

BPOINT PERIODICAL CREDIT CARD AUTHORISATION 2020

*Student Name (s) _____ Year (s) _____

Please provide your email address, your receipt will be sent by email.

*Email: _____

Payment allocated to:

- | | |
|---|----------|
| 1. Voluntary Contributions | \$ _____ |
| 2. Compulsory Charges | \$ _____ |
| 3. Year Book | \$ _____ |
| 4. Voluntary Approved Requests | \$ _____ |
| 5. Valedictory | \$ _____ |
| 6. Previous Year _____ Balance | \$ _____ |
| 7. STA (Science Technology Academy Year 7-10) | \$ _____ |
| 8. Music Ensemble (Year 7-10) | \$ _____ |
| 9. Leavers Jackets | \$ _____ |
| 10. Ball | \$ _____ |

*** PLEASE NOTE – A SUBJECT CHANGE WILL ALTER YOUR PAYMENT PLAN AND YOU WILL BE NOTIFIED TO MAKE ADJUSTMENTS. ***

Please Debit: **Total** **amount to be charged:** \$ _____

Please tick the box for your preferred debit frequency, amount to be withdrawn and commencement date. (Minimum payment amount is \$50.00 per month)

- | | | |
|------------------------------------|-----------------|----------------------------------|
| <input type="checkbox"/> Weekly | Amount \$ _____ | Commencement Date ____/____/____ |
| <input type="checkbox"/> Fortnight | Amount \$ _____ | Commencement Date ____/____/____ |
| <input type="checkbox"/> Monthly | Amount \$ _____ | Commencement Date ____/____/____ |

Please ensure your debit amount will cover the full fees payment prior to the end of Term 3, Friday 25 September 2020.

Direct Debit (From bank account) **Please fill in the Direct Debit Request Form (DDR)**

Card Type: Debit MasterCard Visa **Card Expiry Date** ____/____/____

Please advise the Finance Department when your card is due to expire

*Card No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CVC Number on back of card last 3 digits: _____

Contact Number _____

* _____
Signature of Authorised Cardholder

* _____
Cardholder Name

2020 CALENDAR

JANUARY

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

MAY

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

SEPTEMBER

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

FEBRUARY

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

JUNE

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

OCTOBER

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

MARCH

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

JULY

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

NOVEMBER

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

APRIL

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

AUGUST

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

DECEMBER

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		